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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/619,142
Filing Date	19 July 2000
First Named Inventor	W.R. KNOWLES
Group Art Unit	1614
Examiner Name	Vickie KIM
Attorney Docket Number	KnollTech

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmaceutical Patent Attorneys, LLC Pohl & Assoc.
Signature	
Date	See below date

CERTIFICATE OF MAILING

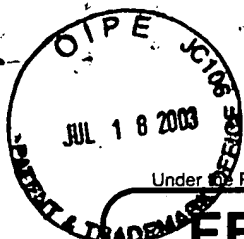
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	J. M. POHL
Signature	
Date	16 July 2003

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 525.00)

Complete if Known

Application Number 09/619,142
Filing Date 19 July 2002
First Named Inventor W.R. KNOWLES
Examiner Name Vickie KIM
Group Art Unit 1614
Attorney Docket No. KnolTech

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METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number
Deposit Account Name

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☐ Check ☒ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	740	201	370	Utility filing fee	0.00
106	330	206	165	Design filing fee	0.00
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	0.00

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	<input type="text" value="0"/>	-20** =	<input type="text" value="0"/>	X	<input type="text" value="9.00"/>	= <input type="text" value="0.00"/>
Independent Claims	<input type="text" value="6"/>	-3** =	<input type="text" value="3"/>	X	<input type="text" value="42.00"/>	= <input type="text" value="0.00"/>
Multiple Dependent						= <input type="text" value="0.00"/>

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
105	130	205	65	Surcharge - late filing fee or oath	0.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130	Non-English specification	0.00
147	2,520	147	2,520	For filing a request for ex parte reexamination	0.00
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00
115	110	215	55	Extension for reply within first month	0.00
116	400	216	200	Extension for reply within second month	205.00
117	920	217	460	Extension for reply within third month	0.00
118	1,440	218	720	Extension for reply within fourth month	0.00
128	1,960	228	980	Extension for reply within fifth month	0.00
119	320	219	160	Notice of Appeal	160.00
120	320	220	160	Filing a brief in support of an appeal	160.00
121	280	221	140	Request for oral hearing	0.00
138	1,510	138	1,510	Petition to institute a public use proceeding	0.00
140	110	240	55	Petition to revive - unavoidable	0.00
141	1,280	241	640	Petition to revive - unintentional	0.00
142	1,280	242	640	Utility issue fee (or reissue)	0.00
143	460	243	230	Design issue fee	0.00
144	620	244	310	Plant issue fee	0.00
122	130	122	130	Petitions to the Commissioner	0.00
123	50	123	50	Processing fee under 37 CFR 1.17(q)	0.00
126	180	126	180	Submission of Information Disclosure Stmt	0.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	0.00
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179	740	279	370	Request for Continued Examination (RCE)	0.00
169	900	169	900	Request for expedited examination of a design application	0.00

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 525.00)

160.00 0P

07/21/2003 RHEBRIGHT 00000030 09619142

02 FC:2402

SUBMITTED BY

Name (Print/Type) Mark POHL
Registration No. 35,325
Telephone (973) 984-0076
Signature [Signature]
Date 16 July 2003

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